

DRIVING SCHOOL SUPPLEMENTAL APPLICATION

1. Does your “school” have a website?
2. Please describe the school operations in detail (*attach schedule*):
3. What experience do and/or your instructors have in this area?
4. Do you allow minors (under age 18) to participate? ☐ YES ☐ NO
If yes, please describe.
5. Describe technical inspection of vehicles:
6. Detail the rules that would be followed for your school (*attach copy of rules*):
7. Estimated number of riders participating in the school:
8. What are the maximum speeds, by category?
9. Is the school open for spectator viewing? ☐ YES ☐ NO
If yes, please give estimated # of spectators.
10. Describe any liability or participant accident medical expense claims sustained by your organization for the last 5 years:

Signing this application does not bind the applicant or the Company to complete the insurance.

APPLICANT SIGNATURE

TITLE

DATE